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FOR ACTION

RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE EASTERN AND SOUTHERN AFRICA REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in countries in the Eastern and Southern Africa region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $10,624,607, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Angola	4 091 479	1991-1995
Sao Tome and Principe	411 687	1991-1995
Swaziland	919 340	1991-1995
Uganda	5 202 101	1990-1995

Annual funding requirements of the four countries are provided in the table following paragraph 55.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

I. ANGOLA

1. The Angola country programme requires additional general resources for 1994 and 1995 as a result of an increase in the annual planning level for general resources in 1993 from $2.2 million to $3.2 million, which allowed for accelerated action in, inter alia, using measles immunization as a platform for the expansion of other interventions, such as oral rehydration therapy (ORT). Of the $11 million approved by the Executive Board for the programme period 1991-1995 (see E/ICEF/1991/P/L.3), only $2,381,686 remains for distribution during the rest of the programme cycle, leaving a shortfall of $891,479 for 1994 and of $3.2 million for 1995. The Executive Director therefore requests that the Executive Board approve an additional amount of $4,091,479 from general resources to cover the 1994-1995 programme period.

2. With the resurgence of Angola's crippling civil war, a child population of more than 2 million and infant and under-five mortality rates of 173 and 292 per 1,000 live births respectively, the environment for programming is especially challenging. The course of the war has directly threatened child survival in Angola and has adversely affected overall living conditions for an estimated 3.2 million Angolans throughout the country. The additional resources would assist in addressing some of the pressing needs through the provision of basic services.

3. The country programme for Angola for the period 1991-1995 was based on positive prospects following the Bicesse peace accord of May 1991. The accord resulted in the presidential elections of September 1992. UNICEF programme cooperation was modified to address the emergency needs of Angolan children and women, for example, the situation of children exposed to armed conflict. The modified programme aims at safeguarding the survival, protection and development of Angola's children and contains relevant goals, objectives and activities to respond rapidly and effectively to the essential humanitarian needs of children in the short and medium terms.

4. The resurgence of the civil war in October 1992 has resulted in untold hardships for an already devastated population. Available infant mortality statistics do not reveal all significant regional or rural-urban variations. Infant mortality ranges from 58 deaths per 1,000 live births in parts of Luanda to 300 deaths per 1,000 live births in the interior. The major causes of under-five mortality are, in order of magnitude, measles, malnutrition and low birth weight, pneumonia, diarrhoea and malaria. Approximately 30 per cent of all child deaths are attributable directly or indirectly to the war, while some 60 per cent of deaths among children under five years of age are preventable.

5. UNICEF programme activities during the past year have consisted of integrated service packages in the areas of health, nutrition, water supply and sanitation, education, relief and survival, household food security and advocacy. The majority of activities were carried out in provinces with relatively safe access, namely, Benguela, Huila, Namibe, Curene, Kwanza Sul, Kwanza Norte, Bengo and Luanda. However, some activities were also carried out in more recently accessible locations.

6. In the remaining years of the current programme cycle, UNICEF will address the crucial issues facing children and women in Angola in the areas described below.

Nutrition

7. Malnutrition continues to be a serious cause of child morbidity and mortality in Angola. Recent nutrition assessments indicate that protein-energy malnutrition is significant among children under five years of age. Stunting (height-for-age below 90 per cent of the standard) is estimated to account for 30 per cent of all child malnutrition, while 22 per cent of all children are estimated to be wasted (weight-for-height below 80 per cent of the standard). It is also estimated that 8 per cent of all children could be clinically classified as suffering from marasmus and kwashiorkor, that is, they are severely malnourished. Consequently, nutrition surveys and surveillance activities will be developed to inform and guide nutritional rehabilitation and supplementary feeding activities in all 18 provinces of the country. Additional nutritional rehabilitation kits will be provided to reinforce health facilities. To prevent xerophthalmia, a single prophylactic dose of vitamin A capsules will be administered to children receiving their measles vaccination. Improved infant and child nutrition will also be pursued through the promotion of breast-feeding as part of public health education programmes and the Baby-Friendly Hospital Initiative (BFHI), where feasible. Midwives and traditional birth attendants (TBAs) will be utilized to provide information on nutrition and to reinforce feeding programmes, as well as to promote greater participation of women in activities. Growth monitoring and promotion activities, which have seriously declined, will be reintroduced at health facilities, along with the necessary training for health staff, and progressively strengthened into sustainable nutrition monitoring activities throughout the country.

Primary health care

8. Accelerated activities to increase the protection of children against measles and neonatal tetanus, reduce maternal mortality and control diarrhoeal diseases will continue. Using measles vaccination as the platform for additional primary health care (PHC) interventions, ORT to combat dehydration owing to diarrhoeal diseases and other basic health care will be provided for the control of malaria and pneumonia. In order to reduce morbidity and mortality due to malaria, UNICEF will continue to provide essential drugs to treat febrile conditions in children and pregnant women throughout the country, support refresher training of staff and promote health education and sanitation programmes. Given the substantial investment that has been made in this sector, the focus will be on reinforcing the vaccine cold-chain system and reopening and re-equipping facilities to provide preventive, curative and health promotion services at primary, secondary and tertiary levels of health care. Safe motherhood will be addressed more vigorously to include the intensification of prenatal and maternity care activities. UNICEF will continue to support the training of midwives and TBAs, including life-saving skills for practising midwives and prompt referral of high-risk pregnancies, as well as improved infection control.

Water supply and sanitation

9. The principal activities of the water supply and sanitation programme will aim to accelerate the completion of existing initiatives to increase access to safe water in selected peri-urban and rural areas. Emphasis will be placed on the timely formulation and implementation of water supply and sanitation services, facilitated by appropriate technical and financial support in the provinces of Huila, Cunene, Namibe, Cabinda, Benguela and Kuando Kubango. Given current sanitation problems, UNICEF will promote increased physical access to sanitation facilities by expanding the number of these facilities, which have received far less attention and resources in previous years. The programme will strive to raise awareness of communities on proper hygiene and environmental sanitation, and will cooperate with the private sector to construct low-cost latrines and hand-dug wells and to maintain manual and mechanized pumps. Stronger initiatives will be developed through training and capacity-building to strengthen local institutional capacity, particularly in the target provinces, to develop rapid and cost-effective service coverage. UNICEF will promote improved systems for programme management and monitoring as well as human resources development. Sustainable financing and maintenance will be achieved through a combination of community participation strategies and cooperation with the private sector and major non-governmental organization (NGO) partners. The programme will be managed primarily by the National Directorate for Water.

Education and children in especially difficult circumstances

10. The aim will be to improve knowledge and awareness about the causes and the dimension of the problems of children in especially difficult circumstances, particularly those traumatized by the war. Although Angola has ratified the Convention on the Rights of the Child, the Government needs assistance in training care-takers and teachers to reintegrate traumatized children into social and cultural life. Through the expansion of operational capabilities and improved data collection and targeting, UNICEF will continue its work in tracing the families of abandoned and separated children to increase their chances of survival, development and protection. UNICEF assistance will also continue to provide basic teaching supplies and essential teaching aids and support for the retraining of teachers.

Women in development

11. For several decades, women in Angola have been under increasing pressure related to family responsibilities in times of emergencies. Broken homes, child abuse and street children pose problems that women have to cope with in addition to producing and providing food, cooking, fetching water and wood for fuel, washing, taking care of children, the sick and the elderly, as well as promoting the well-being of other family members. In response to the roles that women play in the society at large, support for programmes that enhance their status will continue at national and community levels. This will include efforts better to target seed and tool inputs and advocacy to influence policy and the integration of the concerns of women in programming. In view of a shift from women-specific activities to mainstream programme strategies, emphasis will be on approaches that promote gender concerns within all sectors. Support will

also be given to the collection and general dissemination of gender-disaggregated data.

Area-based services

12. In order to achieve the required level of service delivery, UNICEF needs to reinforce its field presence in secure and accessible areas to provide support, supervision and technical assistance to a weakened social infrastructure. An expansion of local-level planning and programming functions to provinces and districts will be promoted. This new initiative will be coordinated through the development of a basic services section in the UNICEF field office in Angola, which will play a catalytic role in the provision of relief and survival support and establish guidelines for efficient delivery of services. The supply and logistics management functions of UNICEF will be strengthened in the areas of procurement, storage, distribution and inventory control. This will entail experienced technical support and a computerized inventory control system to be fully operational by the middle of 1994.

Advocacy and social mobilization

13. Activities will involve raising public awareness on the situation of children and women and increasing awareness of the provisions of the Convention on the Rights of the Child. Other key elements will be to expand demand for the utilization of basic services and the improvement of institutional capacity and the performance of major collaborating ministries and institutions responsible for advocacy and action on behalf of children and women. UNICEF will pursue a strategy that focuses on building the capacities of these institutions, promoting the mobilization of women and other allies and fostering integration between sectoral programmes. Sensitizing national leaders and policy makers to the growing problem of acquired immunodeficiency syndrome (AIDS) and sustaining their commitment to preparing a national programme of action to achieve the goals for the 1990s will feature prominently, as will efforts to disseminate the Convention on the Rights of the Child more widely to all sectors of society. In one district, there will be a pilot, intersectoral communications effort with an emphasis on AIDS awareness and education, the expanded programme on immunization (EPI) and the development of the Bamako Initiative through a variety of media approaches and a greater focus on women.

Monitoring and evaluation

14. A key set of indicators to monitor the overall implementation of the programme will be established according to activity deadlines. Other indicators will relate to the measurement of input and output generated from existing and revised reporting formats and internal records at different administrative levels. Evaluations of impact will be analysed through the use of sentinel sites and periodic surveys. Given the paucity of useful data for surveillance and planning, UNICEF will continue to collect basic information and statistical data for programme planning and management. Existing data sources, protocols and procedures will be consolidated at the planning offices of cooperating ministries and rationalized for comprehensive use at provincial levels. The modifications to the health information system proposed by the United States Centers for Disease Control and Prevention will be adopted to help implement the

first phase of a more extensive information-management system, which will be based essentially on sentinel site methodologies. The revised system is expected to be fully operational in 1995. In addition, training will be provided to staff in order to reinforce the system with competent manpower.

II. SAO TOME AND PRINCIPE

15. The country programme for Sao Tome and Principe for the period 1991-1995 was approved by the Executive Board in 1991, with an allocation of $2.5 million from general resources (see E/ICEF/1991/P/L.20). Subsequently, the general resources annual planning level was raised from $500,000 to $750,000. An additional amount of $411,687 is therefore required to accelerate implementation of the country programme during 1995, especially to implement a stronger and more focused strategy for community participation in all aspects of service delivery.

16. The present country programme focuses mainly on increasing active community participation to try to overcome the country's lack of experience in community involvement.

17. The integration of all programme activities is also an essential feature of the country programme, especially given that at the national level the programme focuses on assisting the Government to reach and sustain the goals of the 1990s, within the framework of the country's national programme of action.

18. The mid-term review of the country programme in 1993 analysed lessons learned and identified emerging priorities. It reaffirmed the need to stress the involvement of communities in planning, financing and implementing projects in order to sustain and improve the quality of social services and take into account the limitations of the national budget. There is also a need for more concerted inter-agency and intergovernmental support and action to maximize benefits from limited resources, while minimizing the negative impact of the structural adjustment programme. Training at all levels needs to be increased and should be planned in a more rational way to benefit programme implementation.

19. The additional general resources requested will be used to help achieve the overall country programme goal of reducing child morbidity and mortality and malnutrition by sustaining EPI and a broad range of PHC activities, focused mainly on (a) community-based health care; (b) improving access to safe water supply and sanitation; (c) improving the quality of primary education and advancing Education for All (EFA); (d) reducing the gender gap in all aspects of development; and (e) supporting the preparation and implementation of the national programme of action to meet the goals of the 1990s. The main implementation strategy will be community participation through a more focused multisectoral, integrated approach. Social mobilization and advocacy will support activities nationwide in all sectors.

Primary health care

20. The PHC programme set targets to reduce morbidity and mortality in children and women by increasing coverage, quality and access to PHC services. It also seeks to enhance the overall socio-economic environment of children and women, thereby allowing them to attain their full potential in life.

21. The strategy to achieve PHC objectives is pursued through maternal and child health (MCH) activities, support to the national health system and training. The components of these three thrusts include EPI, the control of diarrhoeal diseases (CDD), safe motherhood, nutrition and community-based health care. It is appropriate to view all these as a holistic health programme rather than as separate projects. They have been comprehensive and effective in achieving positive results in Sao Tome and Principe.

Basic education

22. The basic education programme will improve the quality of primary school education for out-of-school children through low-cost methods. The programme consists of two projects: alternative day-care centres and non-formal primary education. Activities include social mobilization, training of child-care providers and primary school teachers, production of didactic materials and health education. Support will be provided to the Ministry of Education, Youth and Sports, as well as several NGOs, to address the problems of street children.

Integrated community development

23. This programme emphasizes interventions that address child survival, protection and development and the promotion of women at the community level. The provision of safe drinking water supplies and the construction of latrines have been effective entry points for community-managed activities. Communities have provided manpower as well as participated in the funding of activities.

III. SWAZILAND

24. The country programme for Swaziland for the period 1991-1995 was approved by the Executive Board in 1991, with available general resources of $2.5 million (see E/ICEF/1991/P/L.20). In 1992 the annual planning level was increased from $500,000 to $750,000 and this helped to accelerate highly effective activities within the framework of the programme. As a result, however, the balance of approved general resources is not sufficient to provide funding through the end of the approved programme period. An additional $919,340 is therefore requested.

25. Since the preparation of the country programme, there have been important changes on the Swazi political and economic scene. The Tinkhundla (traditional polling system) was reformed in 1992. This resulted in direct election by the electorate of their representatives to the parliament through secret ballots during the August-October 1993 elections. Although the reform falls short of reintroducing a multi-party system, it can be seen as an unprecedented, important critical step towards promoting transparency and accountability.

Provisional estimates show that the economy shrank by 2 per cent in 1991/1992, after having expanded by 4.5 per cent in 1990/1991. The 1991/1992 downturn was due to the political and social changes taking place in South Africa, the worst drought in 70 years and the continuing global economic slowdown.

26. In addition, several indigenous characteristics of the economy have emerged as new challenges to Swaziland's economic policy: the sugar monoculture; a heavy reliance on South Africa; and high population growth of 2.8 per cent. In this context, the sustainability of gains achieved over the past decade in social development (i.e., school enrolment, adult literacy, access to health facilities and an increased number of women joining the formal employment sector) are being threatened. Recognizing the urgent need to reverse current economic trends, the Minister of Finance, during his 1993 budget speech, stated that the Government must undertake a thorough review of the economy and implement a home-grown structural adjustment programme.

Primary health care

27. The mid-decade goals, in particular those pertaining to MCH, universal child immunization (UCI), eradication of poliomyelitis and promotion of the use of ORT, have already been achieved. In fact, targets set in the Swaziland national programme of action are higher than the ones recommended by the UNICEF/World Health Organization (WHO) Joint Committee on Health Policy. However, the limited resource base of the country programme has affected the MCH programme and has caused key aspects of the annual work plan to be seriously curtailed. This predicament, caused by the lower than anticipated levels of UNICEF supplementary funding, reflects a need for more effective resource mobilization strategies and underscores the issue of sustainability. Also, the Government has not yet been able to provide funding to cover gaps in recurrent costs. Hence, there have been some reductions in the supply of vaccines, cold-chain equipment and oral rehydration salts (ORS). These gaps could lead to some erosion in quality and coverage. As a result, additional general resources will be used to support (a) the safe motherhood initiative, which is being developed jointly by the Government, WHO, the United Nations Population Fund and UNICEF; (b) strengthening of services to treat and prevent acute respiratory infections (ARI) (ARI accounts for 23 per cent of all infant and child deaths); (c) more intensive CDD action in terms of drought and cholera preparedness; and (d) the sustainability of EPI coverage.

28. The extent of the AIDS problem in Swaziland has only recently been recognized by the Government. Factors that suggest a serious threat to infant and under-five mortality, which are at 74 and 107 per 1,000 live births respectively, include the early age of sexual activity; the low status of women (women are treated as legal minors); multiple partners; high rates of sexually transmitted diseases and premarital and teenage pregnancies; the public's perception that human immunodeficiency virus (HIV)/AIDS is a low-risk problem; and the highly mobile population within Swaziland and from South Africa. Although AIDS was not included in the 1991-1995 country programme because of limited resources for MCH and because of other donor involvement, with additional general resources for the 1994-1995 period UNICEF would assist in strengthening the health education component of the national AIDS prevention and control programme.

Household and income security

29. Since 1991 the household food and income security programme has focused, inter alia, on the promotion of breast-feeding and improved weaning practices for young children. There are indications from recent surveys that the percentage of mothers who exclusively breast-feed their infants for four to six months has increased from 8 per cent in 1983 to 20 per cent in 1993. This suggests that attitudes and behaviour have been slow to change, and many mothers still believe that bottle-feeding is best. As supplementary funds for the breast-feeding project have been fully expended, additional general resources will strengthen and sustain support to initiatives already undertaken to train health workers and mothers' support groups and to make health centres baby-friendly.

30. Micronutrient deficiencies emerged as a priority in November 1992, when the Consensus of Dakar made their virtual elimination a goal for 1995. Immediate follow-up resulted in the formulation of a plan of action and the training of two government officials. Initial field surveys confirm that iodine deficiency disorders (IDD) pose a moderate to severe problem in some areas of Swaziland, and that vitamin A deficiency could possibly be a major reason for the high infant and under-five mortality rates. Over the next two years, resources are necessary to address the problem of iodine and vitamin A deficiencies in order to achieve the mid-decade goals. The additional funds requested would be used primarily for (a) necessary national baseline surveys and analysis of data; (b) developing health education strategies; and (c) promoting advocacy, both within Swaziland and across the southern Africa region, in cooperation with the efforts of neighbouring countries.

Education

31. Although little progress has been made towards EFA goals since 1991, the Government of Swaziland has recently increased its commitment in favour of an institutional and policy framework more adapted to the achievement of these goals. With UNICEF support, recent advances have resulted in the development of a non-formal education policy and the development of a programme for functional literacy through a national NGO, Sebenta. In the formal sector, UNICEF supported the revision of primary school curricula intended to improve basic academic skills and knowledge. Taking into account the recommendations of the mid-term programme review, held in June 1993, and based on the lessons learned from the Ngcamphalala area-based programme, UNICEF will support the development and promotion of an effective community-based education strategy in the Ngcamphalala area, promoting parental educational and life-saving skills and attitudes. Core education activities will focus on promoting adult literacy and supporting development of early child care. At the local level, activities will be coordinated by the Ngcamphalala Community Education Committee and will be facilitated by Government and Sebenta extension workers. UNICEF will support the strengthening of management through community involvement in school affairs and stronger supervisory procedures; the production and distribution of textbooks; teacher-training materials; and the development of an in-service training system. Parents' and teachers' associations will be promoted. They will engage in advocacy for more

educational opportunities for girls and improved organization and co-financing of education activities.

32. In 1993, a study was conducted on child abuse in one major urban centre and one rural area. The findings revealed that sexual abuse and child labour are the most frequent forms of child abuse, with street children often the victims of such practices. For this reason, more emphasis needs to be placed on both children and women in especially difficult circumstances over the next few years. With respect to child rights, a national task force is monitoring and coordinating activities for the promotion of the Convention on the Rights of the Child. To prepare the ground for implementation of the Convention, a study was initiated on Swazi legislation concerning the status of children. This study will be the basis for proposing changes in Swazi laws in order to meet the norms of the Convention. Additional funds are required so that the above-mentioned initiatives can be strengthened and sustained over the next two years.

Area-based programme

33. The Ngcamphalala area-based programme, which is situated in the low veld, first benefited from UNICEF support during the 1992 drought. Although only limited UNICEF funding has been available over the past 18 months, there have been notable signs of progress in terms of developing a participatory, multisectoral and integrated programme. In particular, PHC has been strengthened and kitchen gardens, pre-schools and women's income-generating activities have been developed. Over the next two years, a water supply and sanitation component will be initiated and integrated with existing PHC activities. Other sectors will be supported through strengthening institutional capacity at the community level and technological and production innovations to enhance crop yields and income generation. A specific strategy is to use the area-based programme as a sentinel site for monitoring various child survival and development indicators.

Social mobilization

34. Efforts are under way in cooperation with the Government to develop a unified health education strategy and to establish priorities in a more systematic manner. In particular, the various mobilization strategies (that is, rural health motivators and traditional healers, mass media, Facts For Life and girl guides and boy scouts) will be reviewed in order to develop a stronger social communication component that is fully integrated into all the existing programmes. The main thrust of the social mobilization and communication strategy will be to increase demand for service delivery in the various programmes in a concerted effort to attain all the mid-decade goals by December 1995.

IV. UGANDA

35. The country programme for the period 1990-1995 was approved by the Executive Board in 1990, with a general resources allocation of $22,800,000 (see E/ICEF/1990/P/L.7). Since then, the annual planning level has been increased

from $3,800,000 to $5,110,000. These additional funds helped to strengthen programme implementation, for example, sustaining UCI and initiating BFHI. As a result, the country programme will require Executive Board approval for additional general resources of $102,101 for 1994 and $5,100,000 for 1995. The next country programme, covering the period 1996-2000, will be presented to the Executive Board in 1995.

36. Since the start of the current country programme, there have been significant political and economic improvements in Uganda. The acts of terrorism and civil strife that plagued Uganda for more than two decades have lessened significantly. Galloping inflation has been brought under control, and foreign currency exchange rates have been stabilized. A substantial demobilization programme for defence forces is being undertaken in an effective and orderly manner, and civil service reforms are expected to go a long way towards re-establishing governmental effectiveness and reducing corruption. The slump in international prices for coffee exports and servicing of extensive external debts still pose major balance of payment problems. However, modest progress has been made in trade diversification and international creditworthiness.

37. With these improvements, there is increasing attention, as well as demand, to address social development issues more vigorously. The Government, supported by the World Bank and other donors, is increasingly emphasizing basic social services in public policy and resource allocations. While there is still some way to go before the "20/20" target for national and donor allocations to priority social programmes is reached, there is progress in that direction.

38. Furthermore, the Uganda national programme of action has received an enthusiastic response and support across the board within the Government and from NGOs and donors. The national programme of action is closely linked to the Ugandan national rehabilitation and development plan and, therefore, is a serious attempt to link the planning of resources with social development goals for children and women.

39. Implementation of the national programme of action will be coordinated by a National Council for Children, with a small permanent secretariat, headed by a senior official, who will follow up with line ministries on their respective activities in support of the national programme of action. The Government will monitor this effort carefully to coordinate and follow through on its commitments to achieve the goals of the World Summit for Children through its national implementation framework.

40. Achieving the goals for the 1990s, as adapted in the Uganda national programme of action, will be challenging. The infant and under-five mortality rates, at 121 and 203 per 1,000 live births respectively, are among the highest in the world. Almost half of all children are stunted, and vitamin A deficiency, IDD and anaemia pose major public health problems. Access to safe water is as low as 26 per cent in rural areas, and primary school enrolment and completion rates are 72 per cent and 37 per cent respectively, with girls being significantly disadvantaged.

41. The HIV/AIDS pandemic has hit Uganda hard and will pose a major constraint to preventing a now terrible source of child deaths. In addition, there are already around 1.5 million orphans owing to both the past civil strife and the emerging impact of AIDS. However, the fact that Uganda has managed to achieve UCI amidst poverty and the aftermath of armed conflict demonstrates that the people and the Government have great capacity and commitment towards social advancement.

42. The country programme has played a major role in promoting both the national programme of action and the Convention on the Rights of the Child during the period 1990-1993. In addition, significant support has been extended to improve basic social services, particularly in the health and water supply and environmental sanitation sectors, where UNICEF provides significant support. Health education and communication, including in the area of HIV/AIDS, with a focus on vulnerable children have also been major programme areas.

43. The improving political, social and economic conditions in Uganda during the first part of the 1990-1995 country programme have opened opportunities to adjust the programme focus and operational procedures. In south-western Uganda, the south-west integrated health and water supply programme has thus been restructured in both programme as well as management terms. The health and water supply and environmental sanitation sector programmes have evolved from single-service vertical projects towards more integrated, district-based programme approaches. During the 1991-1992 period, the Government and UNICEF developed and launched a new expanded programme on AIDS communication aimed at prevention of HIV/AIDS among youth. This supplementary-funded project was approved by the Executive Board in 1992 (see E/ICEF/1992/P/L.33).

44. These changes have been pursued within the framework of the approved 1990-1995 country programme. UNICEF participation is changing from mainly one of an implementing agency, justified under emergency conditions, towards focusing more on capacity-building for the decade goals and sustainable human development. Thus, the evolution of the sectoral programmes has been documented carefully through annual programme reviews, project evaluations and joint Government/UNICEF task forces.

45. A mid-term review of the country programme in 1993 noted that a large number of significant achievements had been made and recommended ways further to improve the relevance, effectiveness and sustainability of UNICEF-supported activities. The recommendations focused primarily on linking the country programme with the national programme of action and decentralization processes; improving gender and cost-effectiveness aspects; and the need to mobilize more support for basic education, nutrition and deprived localities. Adjustment of the programme, in accordance with the recommendations, is under way and is being monitored through the annual programme review.

Health

46. The health programme has two principal areas of focus: reduction of dangerous diseases through EPI and CDD; and support to broader health management, capacity-building and efforts to increase access to services. EPI activities concentrate on sustaining UCI by improving cost-effectiveness

through, for example, integration with other health services and improving community-based health care systems. CDD activities focus on sustaining distribution of ORS and strengthening case management at health institutions, communities and households. Collaboration with TBAs and healers has been initiated successfully on a large scale. For malaria, the number one killer disease among both children and adults, UNICEF is primarily supporting testing of a strategy based on trials to improve control measures, such as impregnated mosquito nets.

47. In health management, UNICEF direct support to district health management is becoming a major vehicle for accelerating the decentralization of health services, according to the principles established in the Government's three-year health plan. UNICEF support to the Uganda Community-Based Health Care Association has been effective in bringing together the Government and all community-based health care partners in a unified approach and for sharing experiences and training materials. UNICEF also continues to support transport and maintenance in the health sector and various capacity-building initiatives with universities, which are improving local involvement in health policy, the development of methodology and analysis.

Water supply and environmental sanitation

48. The 1990-1995 country programme is supporting water supply and environmental sanitation activities under the national water supply and sanitation programme and the area-based south-west integrated health and water supply programme. During the 1990-1992 period, these programmes have improved access to safe water supplies for an estimated 2 million people; the promotion of environmental sanitation and hygiene education have accompanied water source development. UNICEF and the Danish International Development Agency are also involved in rural water supply and environmental sanitation. Close and constructive collaboration between these two organizations and the Government has resulted in improved policies, strategies and methodologies.

Nutrition

49. The land in Uganda is fertile, and, traditionally, nutrition and food production have not been seen as serious problems, except in drought situations. However, a nationwide survey in 1989 found that 45 per cent of all young children were stunted. This surprised many observers, and during the first part of the 1990-1995 country programme, considerable efforts were made to assess and analyse further the problems of child malnutrition. Surveys and studies of the prevalence and causes of protein-energy malnutrition and micronutrient deficiencies have been completed and will lead to preventive activities during the 1994-1995 period, with the intention of going to scale. Breast-feeding promotion and BFHI are being pursued actively.

Education, communication and control of acquired immunodeficiency syndrome

50. Education, communication and HIV/AIDS control form one joint programme area in the 1990-1995 country programme. Communication materials and methodologies are the common denominator of these activities, and UNICEF has been one of the major producers and promoters of health education and information materials.

The challenge now is to ensure that behavioural change will follow, and all programmes are reviewing and revising their approaches. With regard to HIV transmission, behavioural change is crucial, since it is the only means at present of containing the HIV/AIDS pandemic.

51. UNICEF support to basic education in Uganda has been concentrated on the development of "life skills" through schools and the development of adult literacy activities within the community development sector. In view of the continued low rates of literacy and primary school enrolment and completion, more efforts have to be made to accelerate progress towards EFA. With World Bank/United States Agency for International Development support, the Government is increasing funding for teacher training, textbooks and other important inputs to primary schools. UNICEF is exploring how to complement those efforts by mobilizing parental and community support for both schools and students.

Area-based integrated health and water supply and environmental sanitation programme

52. Ten districts in the south-west of Uganda are being supported through the south-west integrated health and water supply and environmental sanitation project. Originally established in the light of security problems, the project has evolved as an important vehicle to test strategies as well as technical and operational approaches before large-scale application. Following a joint Government, donor and UNICEF evaluation, there was a major reorganization of the project during 1993, and ways of accelerating decentralized capacity-building at district and subdistrict levels will now be explored.

Advocacy and gender

53. UNICEF has played a key role in promoting both the Uganda national programme of action, as well as the Convention on the Rights of the Child, to improve the situation of women and children by 2000. Uganda has managed its political and economic problems and has improved its human rights record. Consequently, Uganda is now attracting considerable support and sympathy from the international community, and the country is exercising more influence and leadership in the Organization of African Unity, the Preferential Trade Area of Eastern and Southern Africa and other African and international groups. The solid collaboration between UNICEF and the Government provides a strong platform for advocacy both internationally and within Uganda.

54. The 1990-1995 country programme for Uganda does not have a separate women's programme, but fully addresses gender concerns by supporting actions and services that are of high priority for women and supports women's participation in the planning and management of resources. In addition, UNICEF is pursuing close collaboration with and strategic support to the ministry responsible for women's affairs and NGOs actively addressing gender issues.

Collaboration with other agencies

55. Collaboration among donor agencies, and between the Government and NGOs, is well established in Uganda. Collaboration among donor agencies, which developed during the emergency, provides a foundation for the constructive exchange of

experiences and complementarity in support of social development. Efforts to operationalize the national programme of action and the Convention on the Rights of the Child are good examples of how bilateral and multilateral agencies and international and local NGOs can work together with the Government in research, planning, resource mobilization and implementation.

Breakdown of annual funding requirements

(United States dollars)

Country	Current programme cycle	Approved general resources funding a/	Additional funding proposed		
			1994	1995	Total
Angola	1991-1995	11 000 000	891 479	3 200 000	4 091 479
Sao Tome and Principe	1991-1995	2 500 000	-	411 687	411 687
Swaziland	1991-1995	2 500 000	169 340	750 000	919 340
Uganda	1990-1995	22 800 000	102 101	5 100 000	5 202 101
Total			1 162 920	9 461 687	10 624 607

a/ The amounts shown here include the actual balances carried over from the previous programme cycle.